



**Submission to the Australian Bureau of Statistics
Consultation on Measuring the labour
contribution of unpaid care in the Labour Account**



February 2025

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Definition of carers we represent

Our definition of a carer aligns with the Carer Recognition Act 2010¹:

“Section (1) For the purpose of this Act, a carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

- (a) has a disability; or
- (b) has a medical condition (including a terminal or chronic illness);
- or
- (c) has a mental illness; or
- (d) is frail and aged.

Section (2) An individual is not a carer in respect of care, support, and assistance he or she provides:

- (a) under a contract of service or a contract for the provision of services;
- or
- (b) in the course of doing voluntary work for a charitable, welfare or community organisation; or
- (c) as part of the requirements of a course of education or training.

Section (3) To avoid doubt, an individual is not a carer merely because he or she:

- (a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or
- (b) lives with an individual who requires care.”

Carers Australia also recognises carers who provide unpaid care for people

¹ Parliament of Australia, Carer Recognition Act (2010) [Federal Register of Legislation - Carer Recognition Act 2010](#)

experiencing drug and substance issues.

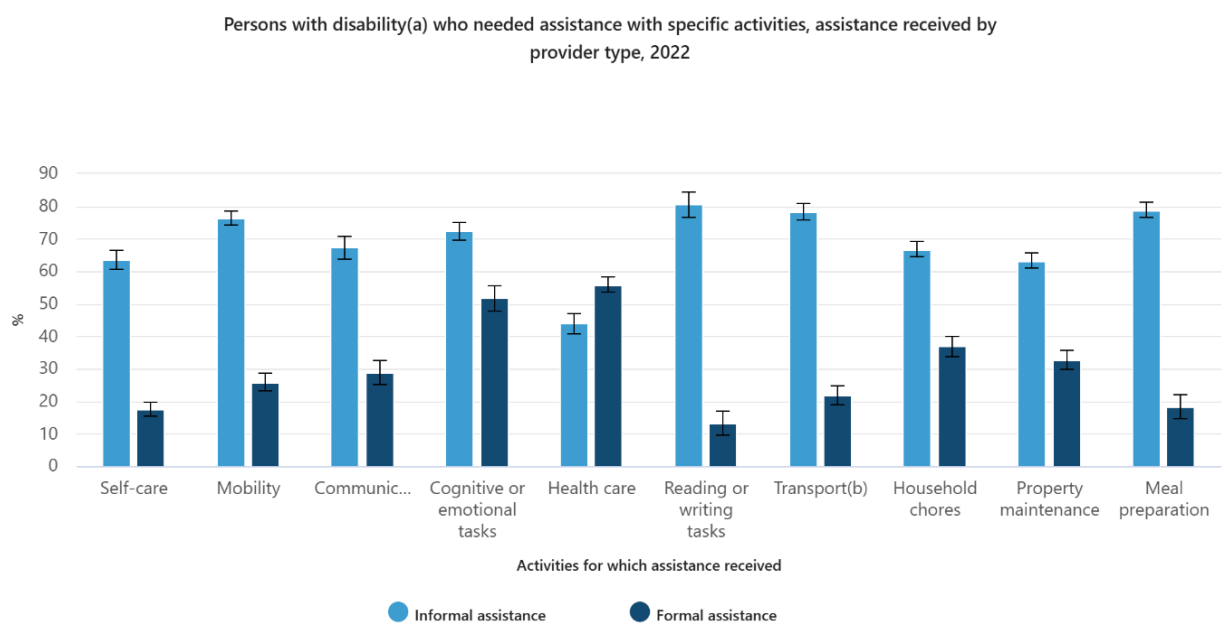
Introduction

Carers Australia welcomes the inclusion of these unpaid carers in the Labour Account.

In this submission we are not focussing on the labour contribution of parents of standardly developing children, but rather on carers of people with disability, terminal or chronic illness, mental illness or are frail aged, whatever the age of those people.

The contribution the carers we represent make to the Australian economy has gained some prominence in recent years. It is increasingly acknowledged that without the contribution of carers who support people with disability, chronic illness, terminal illness, mental illness and people with age-related frailty, the costs of such systems such as government-funded aged care, disability care and some aspects of health care would be unsustainable. Indeed, unpaid family and friend carers are the bedrock of the care economy.

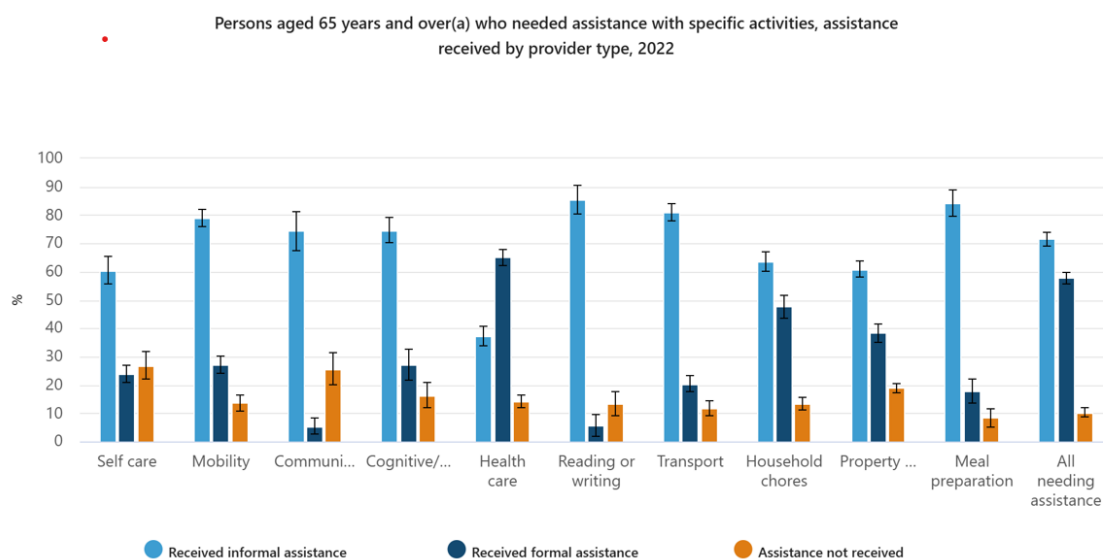
In the case of people with disabilities, for example, informal care towers over formal care for people who need assistance with particular activities with the one exception of health care - to which they nevertheless also provide a significant contribution.



a. Living in households
b. Excludes public transport

Source: Australian Bureau of Statistics, Disability, Ageing and Carers, Australia: Summary of Findings 2022

The contribution of carers was even more marked for assistance received by people aged 65 years and over.



a. Living in households

Source: Australian Bureau of Statistics, Disability, Ageing and Carers, Australia: Summary of Findings 2022

The value of assigning a monetary value to the contribution of these carers is that it helps to bolster the case for their right to adequate and just government and societal supports.

This is not the first time the labour value of unpaid care has been researched and modelled. Indeed in 2015 and 2019 Carers Australia engaged Deloitte, Access Economics to estimate the replacement cost of unpaid care to the economy, noting among other things that the contribution of Australia’s informal carers is significant yet not captured in economic measures such as Gross Domestic Product (GDP), unlike that of formal carer workers.

We note that if the Deloitte Access Economics model incorporated 2022 Surveys of Disability, Ageing and Carers (SDAC) data, hours of care provided would 2.5 billion hours of care per year compared to 2.2 billion in 2020.

Using the Australian Bureau of Statistics’ Surveys of Disability, Ageing and Carers (SDAC), in 2015 it was estimated that carers provided 1.9 billion hours of care, equivalent to each carer providing 673 hours per year or 13 hours per week. Their replacement cost if all hours of care were to be replaced with services purchased was valued at \$60.3 billion (equivalent to 3.8% of gross domestic product and 60% of the health and social work industry). The 2020 analysis estimates were 2.2 billion hours of care provided, comprised of almost 1.7 billion hours from primary carers and 491 million from non-primary carers. The paid care replacement cost was valued at \$77.9 billion.

We acknowledge that the Labour Account consultation Information Paper remarks that:

“Estimates of adult care have not been included in the data presented in this paper. The ABS is considering the best approach to measuring adult care using available data sources, which do not separately identify all forms of unpaid care for adults”²

We have views on the best sources and ways to approach these calculations and the identification of gaps in the data available.

Key Recommendations

Recommendation 1: That the analysis and reporting of parental care of children with disability and substantial chronic illness be separated out from the general Childcare category.

Recommendation 2: When evaluating the care labour contributions of the carers we represent, it is important to take into account the indirect care involved navigating and engagement with the aged care, disability care, health care, social security, and education and employment systems which support those they care for.

Recommendation 3: Our preferred methodology is the replacement cost of unpaid care.

Recommendation 4: That despite some data shortcomings in the current Survey of Disability, Ageing and Carers (SDAC), it is likely to be the best primary source of carer data for the evaluation.

² Australian Bureau of Statistics, 2024, Measuring the labour contribution of unpaid care in the Labour Account Information Paper [Measuring the labour contribution of unpaid care in the Labour Account | Australian Bureau of Statistics](#)

Issue 1: Categorisation of unpaid carers

“Everything's constant. There is no break for us at all. If we sit down and have a break when he's around he starts throwing stuff over the fence, like his shoes, anything he can think of. All his toys, everything off the bench ends up being on the floor. So every day is a challenge and it gets to a point that you go why do I even wake up? It's not getting any better.

And my son is six and normal children, as they grow up, they get easier. But children with disabilities, they grow up and they get harder. They're heavier, they're stronger. I've only applied for the NDIS yesterday and I've got a million appointments again. And it's getting to all the appointments, dealing with all the therapists.

My son at six, is not toilet trained and that's one of the goals. But at the end of the day, if your child's not going to do what they're supposed to do, a therapist isn't going to do anything. We've been potty training since he's been 18 months. We're constantly doing it. And yes, he's getting there, but not from the therapist, from the parents.”

The suggested bifurcation of carers into the two core categories “Childcare” and “Adult Care, and then into “Direct Care” and “Indirect Care” under each of these categories, is highly problematic.

Care associated activities, which usually go far beyond just physical care and assistance, and the time spent caring for a child with developmental delays, disability or other condition demanding significant amounts of care bear little in common with standard child caring activities. The labour contributions of these carers should not be integrated with or averaged out with standard parental care data in valuing unpaid care.

The 2022 Survey of Disability, Ageing and Carers identified that 85,700 children between the ages of 0-4 had disabilities and 432,900 between the ages of 5-14 had disabilities.³

³ Australian Bureau of Statistics, 2022, Survey of Disability, Ageing and Carers, Summary [Disability, Ageing and Carers, Australia: Summary of Findings, 2022 | Australian Bureau of Statistics](#)


Carers of these children should either be given a category of their own or integrated with care provided to adults, which would need the Adult Care category to be renamed.

Issue 2: Care definitions and examples used in the consultation Information Paper

“In addition to hands on care, then there’s the amount of extra hours you put in – like doing the reading, filling out your paperwork, attending meetings, doing OT and speech therapy on top of your job – there is no time to sleep. It doesn't go to, let's say, the direct care, but those extra bits and pieces that you have to put into emails and phone calls, and preparing for meetings.”

“It's virtually impossible to legislate "caring". It's too nebulous and complex. I get to do health care, home care, finances, family dynamics and it can get very messy and time consuming very quickly.”

We have concerns about the framing of care work given in the Information Paper.⁴

Care Activities and responsibilities involved in meeting the physical, psychological and emotional needs of people		
	Childcare ¹ Caring activities to support functional limitations ² of people under 15	Adult care ³ Caring activities to support functional limitations ² of people 15 and over
		
Direct care Hands-on or face-to-face tasks, such as feeding, bathing, or helping with medical needs	Direct childcare examples <ul style="list-style-type: none"> Physical and emotional care of children Teaching/helping/reprimanding children Playing/reading/talking with child Minding child Feeding children 	Direct adult care examples <ul style="list-style-type: none"> Physical care for adults (sick, with disability or aged)
Indirect care Provides the pre-conditions for direct care, such as cleaning, helping organise medical appointments, or shopping	Indirect childcare examples <ul style="list-style-type: none"> Accompanying child to school or extra-curricular activities Food preparation for children Travel associated with childcare activities 	Indirect adult care examples⁴ <ul style="list-style-type: none"> Travel associated with adult care Food and drink preparation/service Housework Shopping Household management

¹ Experimental childcare estimates are published in this paper

² Functional limitations may be due to health problems, disability or age (children or elderly)

³ Experimental adult care estimates are in development for release in mid-2025

⁴ Indirect adult care examples refer to activities provided for care-dependent adults only

⁴ Australian Bureau of Statistics, 2024, Measuring the labour contribution of unpaid care in the Labour Account Information Paper [Measuring the labour contribution of unpaid care in the Labour Account | Australian Bureau of Statistics](#)

While we are pleased that the definitions go beyond just physical care and assistance with everyday activities, the examples given under direct and indirect care demonstrate little comprehension of the care roles of those we represent.

Missing descriptors in relation to care for adults will often include:

- Financial management on behalf of the person they care for including paying bills and budgeting.
- Technology support in accessing on-line services.
- Providing supported decision-making and substitute decision-making when the person has impaired cognitive ability or is in a situation where they feel unable to do this for themselves due to disability or illness.
- Providing psychological support and behaviour management when necessary.
- Navigating and engaging with support systems for the people they care for, which is often a necessary and time-consuming care task. The 2024 national Carer Wellbeing Survey revealed that of the 6638 carers who responded to the question of navigating government support systems such as Centrelink, NDIS, My Aged Care or Veterans' support:
 - Only 19% did not undertake these activities
 - 37% spent less than an hour a week
 - 31% spent between one and four hours per week
 - 12% spent five hours per week or more

Unfortunately, we don't know how many carers factor in these activities when they identify the hours of care they provide in surveys such as the Survey of Disability, Ageing and Carers, and we will be requesting that the next SDAC include some explicit questions on the range of care tasks undertaken.

Issue 3: Measuring unpaid care

Methodologies canvassed in the consultation Information Paper

Clearly the **minimum wage and housekeeper wage replacement cost** methods will not cover the intensity and diversity of care provided by the carers we represent. The skills, carer requirements and hours of care provided by the carers we represent goes far beyond housekeeping.

We note that the **opportunity cost** methodology has been used in a number of evaluations of informal care both in Australia⁵ and overseas⁶. However,

⁵ Deloitte Access Economics, 2020, Value of Informal Care [The value of informal care in 2020](#), Evaluate, 2022, Caring Costs US: The economic impact on lifetime income and retirement savings of informal carers [Final-Economic-impact-income-and-retirement-Evaluate-Report-March-2022.pdf](#)

⁶ Amalavoyal V. Chari, John Engberg, Kristin N. Ray, and Ateev Mehrotra, 2015, The Opportunity Costs of Informal Elder-Care in the United States: New Estimates from the American Time Use Survey, [The opportunity costs of informal elder-care in the](#)

opportunity cost valuation tends to be lower than the replacement cost as it considers only those carers who would have otherwise been employed; noting in particular that 25% of carers are over the age of 65.⁷

For example, opportunity cost methodology was used in addition to the replacement cost approach in the Deloitte Access Economics' 2020 valuation of informal care. The lost earnings - or opportunity cost from reduced employment opportunities - was valued at \$15.2 billion which was equivalent to 0.8% of GDP and 10.6% the value of formal health care; a stark contrast with the \$77.9 billion estimate of replacement costs.

In addition, we note that the information paper accompanying this consultation recommends caution when using the opportunity cost method.⁸

Our preferred approach to measuring the labour contribution of unpaid care is the **replacement value** of that care since it more clearly delineates the contribution of unpaid care to the economy and makes a strong case for their need for support.

We have highlighted above the diverse role of care provision across the range of carers which will depend on the condition of the person being cared for, their need for assistance, and to calculate the intensity of care provided for different conditions or combination of conditions. For example, caring for someone with dementia will be different from caring for someone with mobility limitations or serious chronic illness but who has no problems with cognition. For the purposes of the Labour Account the most straightforward way to calculate both the intensity of care provided and the time contribution of carers is through hours of care. Preliminary analysis

Data sources

Unfortunately, the 2021 Census⁹ offers no measure of intensity of care, even just in terms of hours of care.

Nor does the ABS Time Use Survey capture the time use of the carers we represent.

[United States: new estimates from the American Time Use Survey - PubMed](#); Eylan, Angelini, Buskens and de Beer, 2024, The Economic Costs of Informal Care: Estimates from a National Cross-Sectional Survey in the Netherlands. The European Journal of Health Economics [The Economic Costs of Informal Care: Estimates from a National Cross-Sectional Survey in The Netherlands | The European Journal of Health Economics](#); Jinjin Gu, Xiang Sun, Yan Shi, Shanshan Wang, Panpan Wang, Lamei Liu, Yihan Liu and Peng Wang, 2024, The hidden costs of informal caregiving concept analysis, BMC Nursing [The hidden costs of informal caregiving: a concept analysis - PolyU Scholars Hub](#)

⁷ Op.cit

⁸ Australian Bureau of Statistics, 2024, Measuring the labour contribution of unpaid care in the Labour Account Information Paper [Measuring the labour contribution of unpaid care in the Labour Account | Australian Bureau of Statistics](#)

⁹ Australia Bureau of Statistics, 2021 Census, [Find Census data | Australian Bureau of Statistics](#)

As is remarked in the Information Paper, estimates from the Time Use Survey do not separate caring for children with ongoing illness or disability who require higher intensity care.

The same applies to Adult Care:

“In TUS 2020-21, adult care activities may not have been captured in all cases because the diary does not ask whether the activity was done for someone who was sick, with disability or aged. Other contextual information in the diary (i.e. prior or later episodes which indicated care) may not have been considered.”¹⁰

In addition, in 2020-21, only 2,009 households made full responses to that survey.

That leaves the Survey of Disability, Ageing and Carers (SDAC) as the most useful large-scale, intensive source of data. However, it does have one drawback. While it does identify hours of care provided, this is only for primary carers. We have not been able to find the 2022 survey questionnaire, however Module 24.1.2 & 24.1.3 the 2018 Household Questionnaire clearly identifies that that the hours of care question is to be directed to “Possible primary carers aged 15 years and more”.¹¹ It would be useful in the next SDAC to include hours spent by non-primary carers.

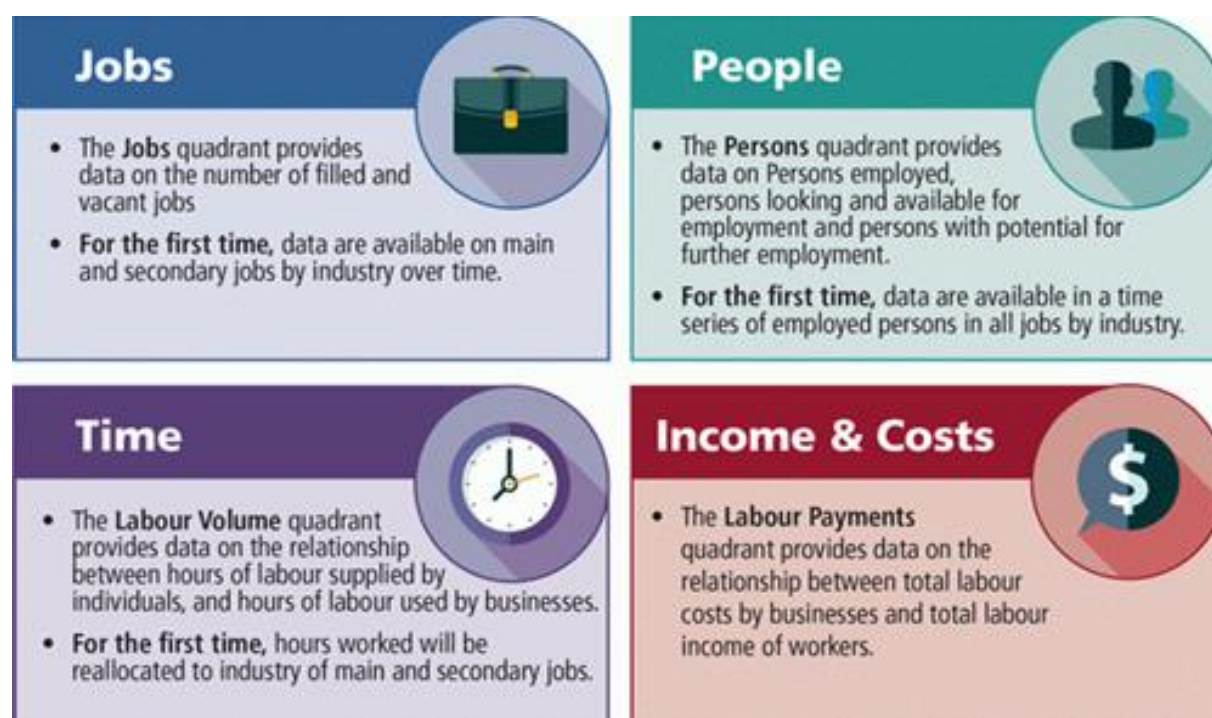
Despite this shortcoming, SDAC does remain a valuable resource and was used by Deloitte Access Economics in its calculations. With respect to the unit cost of care, Deloitte Access Economics’ calculations were based on the wage of moderately skilled formal sector carers using the Australian and New Zealand Standard Classification of Occupations (ANZSCO).

In addition, the Deloitte modelling did not just rely on the hours of care to identify replacement costs but also included on-costs to the base hourly wage of formal carers such as supervision, management and administration costs of employing care workers and capital costs, which together reflect the true cost savings of care provided by unpaid carers. The same would apply to the childcare sector.

¹⁰ Australian Bureau of Statistics, How Australians Use Their Time Methodology -2020-21 Financial Year, Data Quality [How Australians Use Their Time methodology, 2020-21 financial year | Australian Bureau of Statistics](#)

¹¹ Australian Bureau of Statistics, Survey of Disability, Ageing and Carers (SDAC 2018), Household Survey Questionnaire [Disability, Ageing and Carers, Australia: Summary of Findings, 2018 | Australian Bureau of Statistics](#)

We would expect this approach to be used in relation to unpaid care as it reflects business labour costs in the fourth element of the Labour Account quadrants.¹²



Summary:

We welcome the addition of unpaid care to the Labour Account and its potential to highlight the value of unpaid carers both to the care economy and to the broader economy.

We have identified our preferred approach to building blocks, inclusions of care-related activities, methodology and data sources for the evaluation of the labour contributions of carers.

We appreciate the complexity of this endeavour and that it will take some time to perfect and would welcome the opportunity to work with the Bureau on the development of this project.

¹² Australian Bureau of Statistics, 2023, Australian Labour Account: Labour Statistics: Concepts Sources and Methods [Australian Labour Account | Australian Bureau of Statistics](#)

About Carers Australia

Carers Australia is the national peak body representing the diversity of the three million Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, drug or alcohol problem, terminal illness, or who are frail aged.

In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represents the views of carers at the national level.

Our vision is an Australia that values and supports all carers, where all carers have the same rights, choices, and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment, and education.

Our carers are diverse and include those who:

- have their own care needs
- are in multiple care relationships
- have employment and/or education commitments
- are under 25 years (young carers)
- are 65 years and over
- identify as Aboriginal and/or Torres Strait Islander
- are from culturally and linguistically diverse backgrounds (CALD)
- identify as Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer, Questioning and Asexual (LGBTIQ+)
- live in rural and remote Australia,
- are former carers (no longer in a caring role), and
- have a disability.

Acknowledgment of country

Carers Australia acknowledges Aboriginal and/or Torres Strait Islander peoples and communities as the traditional custodians of the land we work on and pay our respects to Elders past, present and emerging.



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